BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

1 2 3 4 5 6 7 8 9	AS F	DEP.	I AM	TER ENDMENT DEP.		TER ENDMENT DEP.				ILED	·1"AME	TER NDMENT	AF 2 AM	רורי מאט
1 2 3 4 5 6 7 8 9	IND.	DEP.		i,	IND.	DEP.			INIO	D.E.				
2 3 4 5 6 7 8 9				1.1		i i		1	IND.	DEP.	IND.	DEP.	IND.	Ι
3 4 5 6 7 8 9				1.1				51						十
4 5 6 7 8 9				1:1-1				52						t
5 6 7 8 9								53						t
6 7 8 9				 				54						t
7 8 9		 -		1.1				55						t
8 9		, .						56						H
9								57						r
		/-						58						一
		-/						9						_
		/		•				0						_
11		 		. 1				1						_
12				•			6	2						_
13		1					6							_
14		+					6							_
15		+-					6:		T					_
16	 -						6							_
17							6							-
18				٠ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ ـ			68	3						_
19							69							_
20'				<i>:</i> /			70							_
21				<u> </u>			71							_
22							72							_
23							73							_
24				/			74							
25							75							_
26							76							_
27 28							77							_
29							78							
30							79							
31						i	80							
32						 	81	-						_
33			-+				82			i_			!_	
34	 				 	—	83	_		[_				_
35		 }					84		_					
36	\dashv						85				_			_
37			-				86	-		_	!_			
38	_	_	- -				87							_
	- 	<u> </u>					89	- 	- 1000		· · · · · ·		· - · · · ·	
	_						90				 		····	
1						——	91	1-						
2							92	1	_ _					_
3	_			-			93	+		_ _				_
4	1					-	94	-				77. C		_
5					-		95	1-			-	-		
6	\top				- ·		96	1			 			_
7	\neg		\neg			-	97	1						_
8							98	1	\dashv		100			_
9							99	1		-				_
0	1		-			\dashv	100	 	 -		_			_
. DriD.	-		41		1		TOTAL IND.		J	1	J		1	Ī
. DET	~	En	-				TOTAL DEP	7.3				==		
AL MS		11					TOTAL CLAIMS							